BEST AVAILABLE COPY

	PATENT APPLICATION FEE DETERMINATION RECORD Effective December 8, 2004								Application or Docket Number			
	CLAIMS AS FILED - PART I							L ENT	TITY	OR		R THAN
U.	S. NATIONAL	L STAGE FEES		olumn 1)	<u> </u>	(Column 2)	RA	re	FEE	٦	RATE	7
BA	SIC FEE		SMALL	ENT. = \$ 150	VT. = \$ 150 LARGE ENT. = \$ 300		BASIC F	_		OR	 	3a
EXAMINATION FEE				CT Article 33(1)- All ot		other situations =	EXAM. F.			-1 "	EXAM. FEE	200
SEARCH FEE			U.S. is ISA ALL othe	= \$ 50 / \$ 100 All other si		\$ 100 / \$ 200 other situations = \$ 250 / \$ 500	SEARCH			1	SEARCH FEE	14a
FEE FOR EXTRA SPEC. PGS.						7 / 50 =	X \$ 12	25 =		1	X \$ 250 =	257
TOTAL CHARGEABLE CLAIMS			minus 20 = .			-	X \$ 2	5 =		OR	X \$ 50 =	h30
INDEPENDENT CLAIMS			minus 3 = .				X \$ 10	0 =		OR	X \$ 200 =	
MULTIPLE DEPENDENT CLAIM PRESENT							+ \$ 18	0 =		OR	+ \$ 360 =	
If the difference in column 1 is less than zero, enter "0" in column 2						тот	L.		OR	TOTAL		
		CLAIMS AS (Column 1)	AMENDI	ED - PART (Colum		(Column 3)	SMA	LL EI	YTITY	OR	OTHER SMALL E	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA	RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAI FEE
	Total	*	Minus	**		=	X \$ 25	=		OR	X \$ 50 =	
	independent	•	Minus	244		=	X \$ 100) =		OR	X \$ 200 =	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								i t		·	
		SENTATION OF I	VIOLITELE DE	EPENDENI C	LAIM		+ \$ 180) = [OR	+ \$ 360 =	ļ
		SENTATION OF I	WIOCTIFLE DI	=PENDENT C	LAIM		+ \$ 180 TOTAL AD FEE			OR (+ \$ 360 = TOTAL ADDIT. FEE	
ļ		(Column 1)	WOLTIFLE DI			(Column 3)	TOTAL AD		-	. L	TOTAL ADDIT.	
8 2			WOLTIFLE DI	(Columnia Highe NUMBE PREVIOL PAID FO	n 2) ST ER ISLY	(Column 3) PRESENT EXTRA	TOTAL AD	or.	ADDI- TIONAL FEE	. L	TOTAL ADDIT.	ADDI- TIONAL FEE
נטשבאו מ	Total	(Column 1) CLAIMS REMAINING AFTER	Minus	(Colum HIGHE NUMBE PREVIOL	n 2) ST ER ISLY	PRESENT	TOTAL AC	DIT.	TIONAL	. L	TOTAL ADDIT. FEE	TIONAL
אשביאטוובאו פ		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column HIGHE NUMBE PREVIOL PAID FO	n 2) ST ER ISLY	PRESENT EXTRA	TOTAL AD FEE	DIT.	TIONAL	ÖR	TOTAL ADDIT. FEE RATE	TIONAL
ENOMEN	Total Independent	(Column 1) CLAIMS REMAINING AFTER AMENDMENT	Minus Minus	(Columnia Highei Number Previou Paid Fo	n 2) ST ER SSLY DR	PRESENT EXTRA	RATE X \$ 25	DП. =	TIONAL	OR OR	RATE X \$ 50 =	TIONAL

^{*} If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "20", enter "20".

^{***} If the "Highest Number Previously Pald For" IN THIS SPACE is less than "3", enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.